

Case Number:	CM15-0143949		
Date Assigned:	08/04/2015	Date of Injury:	11/23/2012
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury on 11-23-12. She subsequently reported left knee, left shoulder, low back, left elbow and neck pain. Diagnoses include tear of lateral cartilage or meniscus of knee, chondromalacia of patella, cervical and lumbar sprain, left shoulder and left knee sprains, left wrist contusion, left ankle sprain and left shoulder impingement. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience left shoulder and left knee pain. Upon examination of the knee, there was tenderness in the medial aspect of the left knee. Crepitus was present in range of motion of the knee and with palpation of the patella. McMurray sign was positive. Examination of the left shoulder revealed tenderness in anterior superior aspect of the left shoulder. Range of motion is reduced. A request for Post-Operative Cold Therapy was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-Operative Cold Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (Online Version), Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request has an unspecified amount of days. Therefore, the determination is for non-certification.